



**DAY CARE AIDE/
RELATIVE CARE PROVIDER
APPLICATION**
State of Michigan
Family Independence Agency (FIA)

INSTRUCTIONS TO PROVIDER:

- Read all pages.
- If there is no name entered in the "Grantee Name" box in the top right corner of this form, enter the name of the parent/substitute parent whose child(ren) is in your care.
- Complete Sections I & II. Relative care providers must also complete Section III.
- Sign and date the form in Section IV.
- **Attach proof of your identity, age and Social Security Number.**
- FIA must receive this form within 21 days of your signature along with proof of your identity, age and Social Security Number.
- You will be sent an FIA-4807, Notice of Child Development and Care (CDC) Provider Eligibility, and FIA Pub-230, Provider Handbook and Reporting Instructions for Child Care Providers.
- You will be sent an FIA-198, Child Development and Care Certificate/Notice of Authorization, indicating whether or not the child(ren) in your care has been authorized to receive subsidy payments.

Grantee Name					
Grantee ID				Case Number	
County	District	Section	Unit	Specialist	Date
Specialist Name					
Local FIA Office				Telephone Number	
Local Office Address (Street Number and Name)					
City				State	Zip Code

The original FIA-220 is to be filed in the local office central provider file.

SECTION I

Where will you provide the child care? <input type="checkbox"/> HOME WHERE CHILD LIVES <input type="checkbox"/> MY HOME		Do you live with the child(ren) in care? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, you may <u>only</u> apply to be a day care aide.	
I am applying to be a <input type="checkbox"/> DAY CARE AIDE or <input type="checkbox"/> RELATIVE CARE PROVIDER As a day care aide, I understand that: • I must provide the care in the home where the child lives. • I may be related to the child.		As a relative care provider, I understand that: • I must be an adult and a grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt, uncle/step-uncle or sibling/step-sibling of all children in care. • I must provide the care in my home and not the home where the child lives. • I must live in Michigan and not in the same home as the child.	

If you do not meet the requirements for either provider type listed above, do not complete this form.

SECTION II

Name (Last, First, Middle)		Former/Maiden Name	
Date of Birth	Sex	Social Security #	Driver's License #
Address (Number and Street, Apt. No.)		City	State Zip Code County
Have you ever provided child care services for FIA subsidy eligible children? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes) ►		Provider ID Number	Telephone Number ()
Have you ever had your child care center/group home license or family home registration suspended or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Do you receive any other reimbursement for child care that you provide? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, from whom?)		Do you receive FIA payment for providing Adult Home Help Services? <input type="checkbox"/> NO <input type="checkbox"/> Yes (If yes, for whom?)	
FIA will complete background checks. If you do not want background checks done, you should not apply. Have you ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes) ► Was the crime a felony? <input type="checkbox"/> NO <input type="checkbox"/> YES If you answered "yes" to the previous question, describe all felonies:			

SECTION III: (Relative Care Providers Only)

Are you related to all of the children you plan to care for in your home? If no, or if not related as indicated below, you do not qualify to be a relative care provider. <input type="checkbox"/> NO <input type="checkbox"/> Grandparent/step-grandparent <input type="checkbox"/> Uncle/step-uncle <input type="checkbox"/> Sibling/step-sibling <input type="checkbox"/> YES (If yes, how are you related?) ► <input type="checkbox"/> Great-grandparent/step-great-grandparent <input type="checkbox"/> Aunt/step-aunt					
If you are applying to be a relative care provider, list all adults (18 or older) who live in your home: (Attach additional sheet if necessary.)					
Name	Maiden & Other Names Used	Date of Birth	Sex	Social Security #	Driver's License #

SECTION IV

PROVIDER CERTIFICATION

I certify that:

- All information I have given is true and accurate to the best of my knowledge.
- I have read, I understand, and I meet all enrollment requirements listed in Section V and have retained a copy.
- I understand that the agency will complete background checks to determine:
 - ?? If I, and/or any adult (18 or older) member of my household if I am applying to be a relative care provider, am a person responsible for the neglect or abuse of children in a substantiated Children's Protective Service case, and
 - ?? If I have been convicted of certain crimes.
- I understand that my enrollment will be denied, revoked or terminated if either of the above is confirmed.
- I understand that I will not be authorized to care for subsidy eligible children if my provider enrollment is denied, revoked or terminated.
- I understand that if I have misrepresented my circumstances, or if I fail to meet the conditions as stated in Section V, or fail to abide by the requirements as stated in Section V, the Agency may deny or revoke/terminate my enrollment as a day care aide and/or relative care provider.
- I understand that if I have been overpaid for any reason, the extra payments received must be repaid, and future payments may be reduced by 20%.
- I understand that I may be prosecuted for fraud if my intentional misrepresentation causes an overpayment.
- I understand that if an administrative law judge finds I have committed an intentional program violation, my enrollment may be revoked.
- I acknowledge that the terms and conditions of this enrollment may be changed by notice to my last known address.
- I agree that if I default on a repayment agreement, future payments can be reduced by 20%.
- I understand that as part of my billing/reporting requirements:
 - ?? I must maintain records showing the time of arrival and departure for each subsidy eligible child as certified by the parent/substitute parent on a daily basis, and must retain these records for four years.
 - ?? I must report the following changes to the local FIA office within 10 calendar days of occurrence:
 - > a change in address
 - > a change in where care is provided
 - > if I stop providing care for any subsidy eligible child.
- I understand that this certification applies to any subsidy eligible children I care for, until my enrollment is revoked or terminated.

Provider Signature

Date

Provider return pages 1 and 2 to the local FIA office.

Payments made for child care services for subsidy eligible children are reported to the Internal Revenue Service.

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

AUTHORITY: PA 280 of 1939.
COMPLETION: Is Voluntary.
CONSEQUENCE FOR NONCOMPLETION: Applicant will not be enrolled to care for subsidy eligible children.

SECTION V

REQUIREMENTS TO BE AN FIA-ENROLLED DAY CARE AIDE OR RELATIVE CARE PROVIDER

Common Requirements:

- You must be able to read and write.
- You must provide proof of your identity, age and Social Security Number.
- You must not have any physical impairment or other problem that would hinder you from giving adequate care and supervision to children.
- You will not be enrolled to care for subsidy eligible children if a background check shows you have been a perpetrator on a substantiated Children's Protective Service case.
- You will not be enrolled to care for subsidy eligible children if you report, or a background check determines, you have been convicted of certain crimes.
- You must know how and when to seek help from others, i.e. how to use the telephone, how to respond to emergency situations which might arise during the provision of care to children.
- You must not have family responsibilities or other obligations that would interfere with providing child care to children.
- You cannot receive subsidy payments for the care of any child for whom you are the parent/guardian or usual caretaker.
- You must not have had your child care center/group home license or family home registration revoked, and your license/registration must not be currently suspended.
- You must not care for more than six children (including your own children) at the same time.
- You must not care for more than two children (including your own children) under the age of 12 months at the same time.
- You must not charge the parent/substitute parent more than what you charge the general public.
- You must give the parents/substitute parents of the children in your care unlimited access to their children while they are in your care.
- As part of your billing/reporting requirements:
 - ?? You must maintain permanent and accurate records of daily attendance showing the time of arrival and departure for each subsidy eligible child as certified by the parent/substitute parent on a daily basis. You must retain these records for four years.
 - ?? You must report the following changes to the local FIA office within 10 calendar days of occurrence:
 - > a change in address
 - > a change in where care is provided
 - > if you stop providing care for any subsidy eligible child.

Specific Requirements for Day Care Aides:

- You must be at least 18 years of age during the time care is provided.
- You are employed and paid by the parent/substitute parent of the child(ren) for whom you provide care. The parent/substitute parent is the employer and is responsible for the employer's share of any employer's taxes that need to be paid, such as Federal Insurance Contributions Act (FICA) and Federal Unemployment Tax Act (FUTA) taxes.
- You may only bill for actual care provided (except for State of Michigan holidays and absences due to child's illness) in the home where the child lives.

Specific Requirements for Relative Care Providers:

- You must be at least 18 years of age during the time care is provided.
- You must be a grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt, uncle/step-uncle, or adult sibling/step-sibling of the child needing care and must not live in the same household as the child.
- You must report all adults (18 or older) living in your household, now and as long as you are a relative care provider. You must also report to the local FIA office any change to the adults living in your household.
- You will not be enrolled if a background check shows that any adult person living with you is a perpetrator on a substantiated Children's Protective Service case.
- You may only bill for actual care provided (except for State of Michigan holidays and absences due to the child's illness) in your home, not the home where the child lives.

Provider retain this page for your records.